

Entered - 9/29/00 - sb
CL99L0069 - ALEXIS HOLMES

CLAIM OF: E. Laurino
2347 Virginia Place
Atlanta, Georgia 30305

00- *R*-1599

For damages alleged to have been sustained as a result of exposed roots
of a Maple tree at 2337 Virginia Place, Atlanta, Georgia 30305.

APPROVED: SUSAN PEASE LANGFORD
CITY ATTORNEY

THIS ADVERSED REPORT IS APPROVED

BY: 

ROSALIND RUBENS NEWELL
DEPUTY CITY ATTORNEY

DEPARTMENT OF LAW - CLAIM INVESTIGATION SUMMARY

Claim No. 99L0069

Date: 9/28/00

Claimant /Victim Ms. E. Laurino

BY: (Atty) _____

Address: 2347 Virginia Place, Atlanta, GA 30305

Subrogation: _____ Claim for Property damage \$ _____ Bodily Injury \$ _____

Date of Notice: 01/27/99 Method: Written, proper X Improper _____

Conforms to Notice: O.C.G.A. §36-33-5 X Ante Litem (6 Mo.) X

Date of Occurrence Summer/Fall 1998 Place: 2337 Virginia Place

Department Unknown Division: _____

Employee involved _____ Disciplinary Action: _____

NATURE OF CLAIM: The Claimant alleges City worker exposed the roots to a Maple tree, and that she was concerned that the tree would die. However, the Clamant has failed to furnish information necessary to substantiate her claim.

INVESTIGATION:

Statements: City employee _____ Claimant _____ Others _____ Written _____ Oral _____

Pictures X Diagrams _____ Reports: Police _____ Dept Report _____ Other _____

Traffic citations issued: City Driver _____ Claimant Driver _____

Citation disposition: City Driver _____ Claimant Driver _____

BASIS OF RECOMMENDATION:

Function: Governmental X Ministerial _____

Improper Notice _____ More than Six Months _____ Other _____ Damages reasonable _____

City not involved _____ Offer rejected _____ Compromise settlement _____

Repair/replacement by Ins. Co. _____ Repair/replacement by City Forces _____

Claimant Negligent _____ City Negligent _____ Joint _____ Claim Abandoned X

Respectfully submitted,


INVESTIGATOR - ALEXIS HOLMES

RECOMMENDATION:

Pay \$ _____ Adverse X Account charged: 1A01 _____ 2J01 _____ 2H01 _____

Claims Manager:  Concur/date 09-29-00

Committee Action: _____ Council Action _____

COUNCIL OF THE CITY OF ATLANTA
OFFICE OF THE MUNICIPAL CLERK
55 Trinity Avenue, S.W.
Suite 2700
Atlanta, Georgia 30335

RE: CLAIM FOR DAMAGES

TODAY'S DATE: 1/22/99

Dear Sir/Madame:

ENTERED - 2-10-99 - SB
99L0069 - DOBBS JORDAN

This is to notify the City of Atlanta that I have suffered damages in the sum of \$ _____
property and/or \$ _____ bodily injury for which I contend the City is liable.

1. Date of incident: Summer/Fall/98 2. Police called _____
(month day year) yes no

3. Location of incident: Front yard

4. Name of your insurance company _____ Policy # _____

5. State what and how incident occurred: While doing work at 2337 Virginia Place
the landscaping in my front yard was destroyed. I am concerned that the roots to a large
maple tree will result in a dead tree this Spring. I will send you any estimates of
repairs at that time.

(use other side if necessary)

6. ALL ESTIMATES AND DAMAGES ARE SUBJECT TO INSPECTION. THE MAKING OF FALSE
STATEMENTS WILL RESULT IN YOUR CLAIM BEING DENIED AND MAY RESULT IN
CRIMINAL PROSECUTION!

7. The registered owner must make the claim for vehicle damages. Complete the following and attached two
estimates of repair.

Your vehicle: _____
(make) (year) (tag#) (driver's name)

City vehicle: _____
(make) (driver's name) (department)

8. Witness: _____
(name) (address) (phone)

9. The acknowledgement of this claim in no way waives the Governmental Immunity of the City of Atlanta, as
granted by State Law, nor is it an admission of liability on behalf of the City of Atlanta and/or its employee (s).

I HEREBY SWEAR OR AFFIRM THAT THE ABOVE INFORMATION IS TRUE AND CORRECT!

10. THIS CLAIM SHOULD BE MAILED
IMMEDIATELY TO THE ADDRESS
SHOWN ABOVE

00- -1599

James (SEAL)
(claimant)

2347 Virginia Place
(address)

Atlanta GA 30305
(city) (state) (zip)

404-231-4754 404-609-9898
(home) (phone) (work)